Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 4 1957

35063
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 491

1. PLACE OF DEATH a. COUNTY: Cape Girardeau	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Inside Limits Yes X No ☐	c. CITY OR TOWN: Wyatt 0619 — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osteopathic Hosp. — Length of stay in 1b: 3 Weeks	d. STREET ADDRESS (If outside, give location): Wyatt, Mo. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH (Month Day Year)
	William	Leo	Lowry	10/24/57

5. SEX	6. COLOR OR RACE	7. MARRIED X / NEVER MARRIED ☐ / WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months, Days	IF UNDER 24 HRS.: Hours, Min.
Male	White		7/12/1909	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Construction	Construction	Bowles, Illinois	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Edgar Lowry	Essie Minter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT (Address)
No		unk	Mrs. Effie Lowry, Wyatt, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypostatic pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) myocardial degeneration

DUE TO (c) Gastomy, Carcinoma of Colon

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 153X

INTERVAL BETWEEN ONSET AND DEATH: 3 da.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 30-57 to Oct. 24 and last saw him alive on Oct 24

Death occurred at 8:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. W. Higgins (Degree or title) D.O.

22b. ADDRESS Cape Osteopathic Hosp.

22c. DATE SIGNED 10/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10/27/57

23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery

23d. LOCATION (City, town, or county) (State) Charleston, Mo.

24. FUNERAL DIRECTOR The Nunnelee Funeral Chapel ADDRESS Charleston, Mo. Nunnelee

25. DATE RECD. BY LOCAL REG. 10-29-1957

26. REGISTRAR'S SIGNATURE C. C. Summers

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 385

P. O. Address Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.